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ON THE OPHTHALMOSCOPE AND ITS USES.—NO. III.

[With a Plate.]

BY JOHN H. DIX, M.D., BOSTON.

AGAIN, practical inferences as to the treatment of an eye, in which early symptoms of disease are present, may be drawn from the ophthalmoscopic examination of its fellow.

In the details of the following case, it will be seen that the accomplishment of a slow process of disorganization of the internal textures of one eye, is detected when the first symptoms of similar disease are felt in the other, and at a time when it would have been objectionable, and probably useless, to examine the last eye itself. The direct examination of the eye in which the disease is commencing, would have been useless, because from the very slight and equivocal disturbance of vision, it may be supposed that even with the ophthalmoscope no structural changes would be visible, and it would have been objectionable with a retina morbidly disposed, but fully cognizant of light. The patient was informed that the examination of the right eye was made chiefly with a view to the knowledge which might be gained by it, of the character of disease impending in the left.

A few weeks later, this could not have been done, as about a fortnight after the date of the second memorandum, suppurative inflammation ensued, and the globe of the right eye was destroyed. A brother of this person died two years ago, from suppurative inflammation commencing in the right nostril.

Oct. 18, 1854.—W. B. F. of Boston, æt. 39, two years ago, wrote during a great part of one day by insufficient light, and during the following evening by gas light. The next day he had pain in the eye balls and temples. Ever since, from reading and writing, and sometimes from exposure to light, he has pain. The period of use sufficient to produce pain, has gradually shortened, until at present, from ten minutes or less of use, he has pain. This pain seems at times to be relieved by pressure.

A year ago, he began to see floating translucent spectra, very much enhanced when he had been using the eye.

Three weeks ago, soon after the death of a son, a dark stationary crescentic spectrum came before the right eye, in the right hand portion of the field of vision. Its largest diameter is the perpendicular one, and extends over twelve lines of the common print of the Boston Directory for 1853. Transversely, it includes nearly as much. It is oval, black, and of uniform density.

This morning, about an hour after rising, he found, blending into the above spectrum, lying chiefly on the left of it, nearly round, and occupying about the centre of the field of vision, another spectrum of a yellowish green color, extending over about eleven lines of the Directory print.

The letters, as seen through this, are diminished about one quarter in size. Some time last winter he began in the dark to see luminous, flame-colored oblong spectra. They now occur every few days, and sometimes during the daylight.

All of the spectra are visible in moderate as well as strong light, and there is constantly before the right eye a sort of glimmering. Ever since the coming on of the black spectrum, vision with the right eye seems to be indistinct.

Now, there is pain most of the time, without any especial provocation, and at times it extends backward.

The pain and spectral appearances are aggravated by indigestion. During the past summer and at present, there is an ache along the edge of both orbits, on the under side.

The iris is gray—sluggish in right eye.

Two sisters are troubled with *muscæ volitantes*.

Has used formerly veratria, tincture of aconite, and perhaps tincture of capsicum, and, he thinks, with relief as to pain. A year ago last summer, for two months, was every three or four days subjected to electricity in the neighborhood of the eyes and head, at first with apparent relief, but subsequently, as he supposes, with injury.

For the past year, close application of his eyes has been borne not more than thirty minutes daily. For a fortnight past, he has retired from business and has not used them so much. His health is good.

Mr. F.'s next visit was nearly two years after the above.

Dec. 13, 1855.—W. B. F. of Lowell, æt. 40, a memorandum of whose case was taken in October, 1854, has not been seen by me until the present time.

Of the right eye, he says, that one spectrum after another has been added. These spectra are of a fibrous aspect, and seemed in general to descend slowly from above over the field of vision. Three months ago, he began to see—in addition to the red, oblong spectra described in October, 1854—flashes of white light, recurring regularly by day and night, once in four seconds. These are still seen, but not so frequently or regularly. The vision has been

steadily declining, and now he has with it barely a perception of light. Occasionally, he has had pain in this eye without provocation, and for three days past has had more or less pain constantly. Excessive application of the left eye always causes pain in the right.

Of the left eye, he says that he has always been and still is doubtful whether the flashes of light just described do not in some degree extend to this eye.

In May last he began to see, before the left eye, lines and dots, dark, and resembling cobwebs floating downwards. For two months past they have increased very little, if at all.

Now are patches of this cobweb aspect as large as a five cent piece, and varying in number from one to twelve.

For six months prior to Nov. 1st, was under direct medical treatment, consisting of counter-irritant applications in the neighborhood and on the eyes, and also on the back of the neck; among these, hydrocyanic acid and bisulphuret of carbon, and dry cupping.

During this time, he was directed to use his eyes in reading for one hour daily. Vision with this eye perfectly clear, except when the dark spectra or flashes of light were present.

*Examination with the Ophthalmoscope.* Right Eye.—The white spot at the entrance of the optic nerve not well defined; bloodvessels distinct in some places: some very dark brown patches, small, except one in upper and right side of the field of the retina.

One or two seem to have a movement independently of globe. General coloring of field of retina, paler than usual.

Left Eye—Not examined.

Before any reliable observation can be made with the ophthalmoscope in morbid conditions of the eye, it is of course essential that the observer be acquainted with its appearance in health.

To one familiar with the anatomy of the eye, a considerable number of examinations of diseased eyes even, will show what appearances are to be expected in health, but they are sooner and more conveniently learned in looking at a sound eye. An opportunity for doing so was kindly afforded me about a year ago by my friend and (at that time) pupil, Dr. S. F. Haven. This eye was examined by Dr. John Skinner (now of St. Johns, N. B.), then also my pupil, by the artist who made the drawing, and by myself; and although a long time, probably fifteen minutes, was occupied in it, no inconvenience arose except the temporary presbyopia incident to the use of dilantants.

The left eye is given (fig. 1, pl. 2) as the usual appearance of a sound eye. Only a small portion, perhaps one-fourth or one-fifth, of the whole extent of the retina being visible at a time, a full survey is made by changing the position of the eye or the instrument, so as to bring the different portions successively within its range.

In making the examination, the first object to be sought for is the white, nearly central spot indicating the place of entrance of the optic nerve. It is round, slightly elevated above the level of the

surrounding retina at its margin, throwing a slight shadow chiefly on the nasal side, and has a central depression.

From this as a point of departure, seeing it distinctly with the large trunks of the ophthalmic artery and vein arising from its centre, the remaining surface is very readily explored. The vessels are usually seen branching off, above and below, but sometimes laterally. The veins are distinguishable from the arteries usually but not always, by the darker coloring of the former. The pulsation of the arteries is asserted to have been seen by a few, but not by the majority of observers. I have never detected it. So also of the foramen of Sæmmering (macula lutea, tache jaune, gelbe fleck, &c.), it is visible only to some eyes. It is described as being of a yellowish gray color, without admixture of red.\*

With reference to the coloring of this figure, it should be stated that it necessarily wants the peculiar glow or glare of the retina itself, and would probably more nearly approach the truth if varnished. The general red glow of the retina is by some spoken of as having a slight yellowish tinge. I do not see it, and believe that this may be produced by the quality of the artificial light which is used.

A very noticeable fact is, that the intensity of this glow varies suddenly at different moments in the same eye, changing from deep red almost to whiteness.

It is diversely explained. Mr. Anagnostakis† believes it to depend upon the different degrees of transparency of different parts of the retina itself, of which the various portions come under view when we are not aware of the change of the location. It cannot be, for I have observed this change, keeping in view some easily defined object, as a black spot or a certain arrangement of bloodvessels.

M. Follin‡ thinks it to be from an intermittent congestion of the retina. It can hardly be doubted that it is in some way dependent upon the unusual stimulus of light thrown into the organ.

I proceed to give some cases, either represented by or analogous to the figures 2, 3, 4 and 5 of plate 2, most of them being from examinations made, not with reference directly to treatment, but for pathological observations, which will hereafter form the subject of a concluding paper.

*Figure 2, Plate 2.*—June 8, 1855.—John Cranmer, of Taunton, æt. 44, in Dec. last had a fever, with severe pain in the head, especially on left side and over brows.

In July last had pain in head and diplopia, from which he recovered just before the access of the fever.

During the fever was delirious; and ever since, vision of his right eye is imperfect.

Now can see with it only the position of large letters on title-page of Directory. Has had leeches, blisters, &c.

\* Beschreibung eines Augenspiegels, &c. von H. Helmholtz, Berlin, 1851.

† Essai sur l'explication de la retine, &c., p. 48.

‡ Mémoires de la Société de Chirurgie de Paris, t. 3, p. 379.



With left eye can read newspaper type, but objects are slightly distorted, a round thing appearing oval.

Iris gray. Health good. Plethoric.

*Examination with the Ophthalmoscope.* Right Eye.—Bloodvessels and entrance of optic nerve indistinct. On the left hemisphere of the retina is a deep red sharply defined patch, as represented in plate. Dr. E. P. Morong, of Baltimore, examined the eye with me.

Left Eye—Not examined.

September 13th, more than three months afterwards, I made a second examination of the right eye, and found the forked deep red (or, as it is represented in the plate, brownish red) patch scarcely discernible. Otherwise, the appearance of the field of the retina but little changed, the unusually decided red glare being as marked as before, but the vessels and white patch, though still indistinct, perhaps less so than at the first examination. In the mean time, he has been under treatment, chiefly derivative and alterative, with low diet and strict regimen. To-day he reads with the right eye the word "Boston" on the title-page of the Directory, and the distortion of vision in the left eye has passed away.

Dec. 14, 1852.—Capt. T. C. S. of Newburyport, æt. 33, amaurotic for three years.

At first was cupped with advantage, but afterwards became debilitated and vision declined, the depletions being continued.

Had about same time a seton inserted, and took hydr. sub. mur. to produce slight affection of gums for a week. Subsequently external vesication. Iodine internally. Stimulating applications to forehead.

Has a very disagreeable sensation of pressure in frontal region, relieved by leaning his head a little back. It goes off at sundown, and is not felt at night.

Pupils dilated, but not excessively. When laying down, pupils often contracted and vision improved.

Ordinarily can discern position of window, and in his own room can discern the handle of a door.

Has had flashes, but not frequent or annoying.

There is a feeling of pressure about temples and forehead daily of late.

Iris hazel. Much of his life has been passed at sea, and his habits have there been sedentary.

Aug. 6, 1855.—Under the influence of regular exercise on foot, and derivative applications in the neighborhood of the eyes and head, the sensation of pressure in the frontal region has ceased, and he thinks that there has been occasionally a moment in which he has seen some object. There is certainly no essential or permanent vision.

Pupils dilated; that of right eye most so.

*Examination with the Ophthalmoscope.*—Right eye.—The general coloring of the field less pink than in a healthy eye, and the bloodvessels not clearly defined. The entrance of the optic nerve hardly

distinguishable. Numerous irregular patches of a brownish red color are observable, and chiefly near the entrance of the optic nerve.

Left eye.—The same as the right, except that the brownish red patches are not so large or frequent.

Dr. E. P. Morong examined the eyes with me.

In this case the analogy to the last is very strong, except only that the red glare of the whole field of the retina is much less decided, and the clearly defined brownish red patches more numerous and more brown. The ophthalmoscopic examination should have been made when the patient was first seen, three years ago, but the ophthalmoscope was then in embryo.

*Figure 3, Plate 2.*—Oct. 21, 1855.—Mr. M. G. æt. 55, in July, 1850, was attacked with a muscular debility, soon followed by chills, heats and pains about the head. He was thought to have been under lead influence. Analysis yielded, in the water of a house in which he had lived, a considerable amount of lead.

In November last, while reading, he suddenly lost his sight in the centre of the field of vision of left eye.

It gradually improved for a time, again relapsed, and now of late has again improved. Four or five months after the blindness commenced, there was for three nights and days a continual ache.

In April last, began to have a foggy glimmering before right eye.

This in two months nearly disappeared; then recurred; again improved, and for the last month has again relapsed.

Now, with right eye with difficulty makes out the largest print; and with left eye, common print. Has had and still has, though less than before, luminous spectra before both, mostly in the morning.

Iris gray. Health good.

Oct. 29.—For a week past, vision has rapidly failed, mostly in left eye, in the centre of the field of vision of which, he has no sight. With left eye can discern people, but not faces.

14.—To-day, vision, which had improved, again relapsed.

17.—In looking at my face with right eye, says that it appears smaller than natural, and of a blueish black color.

A very large part of the whole field of vision is occupied by this blue spectrum, around which is a clear space, while in the centre of the spectrum the blue color is so dark that he sees nothing through it. With the left, has but little more than a perception of the outline of the largest objects.

*Examination with the Ophthalmoscope.*—Left eye.—Field of retina paler than in health, except where it is occupied by large, irregular, pinkish red blotches. Absolutely nothing else is to be seen, there being no trace of bloodvessel or optic nerve.

Right eye.—General aspect of field of retina normal, but on the extreme left a small spot resembling the large blotches in the left. Dr. John Skinner examined both eyes.

*Figures 4 and 5, Plate 2.*—Aug. 23, 1855.—Mr. H. T. of Boston, æt. 19, at 10 years of age, while at school, found the letters on the

page dancing before him. The shaking continued, and on the third day his vision was as at present. Now, he can see the letters in the two upper lines of the title-page of the Boston Directory for 1854. Sees most distinctly with left eye, but there is very little difference in the vision of the two. He has often, as his brother\* has, crescent shaped spectra chasing each other, but they are of milky whiteness. Like his brother, also, a temporary blindness results from stooping.

Has at no time felt pain.

Iris dark gray.

*Examination with the Ophthalmoscope.*—Right eye.—The whole field of the retina of a healthy aspect, the whiteness at the entrance of the optic nerve contrasting strongly with the pink hue of the surrounding field, and the vessels of the ophthalmic artery and vein being minutely defined and distinguishable from each other.

A very remarkable exception to this normal aspect is in a narrow black ring encircling very closely the place of entrance of the optic nerve, and concentric with it. The apparent average width of this circle is about the diameter of the two blood-vessels, as they first appear upon the optic nerve, and it is, though in a few places broken and ragged, clearly traceable quite around. Besides this black ring, there are a few black patches, very minute, in different parts of the field, as represented in fig. 5, pl. 2.

Left eye.—The same description will literally apply, except that in this eye only the lower half of the black circle can be made out, the position of this arc being precisely the same as in the other eye. See fig. 4, pl. 2.

This case was examined also by Dr. H. Sargent, of Worcester, and by Dr. S. T. Haven.

This appearance of a dark or black material concentric with the white spot indicating the place of entrance of the optic nerve, is so frequent that I append, as illustrated by figures 4 and 5 of pl. 2, four other cases, of which the first two are brothers of the young man from whom these drawings were taken.

Aug. 23, 1855.—C. B. F. æt. 21, when eight years of age, lost his sight to a considerable extent, as he believes, in the course of one week. Vision since that time has remained without any variation, except that four years ago, during a typhoid fever, which lasted some six weeks, he was almost totally blind. During the first weeks of this fever he was delirious, and suffered great pain in the head.

He can read nothing smaller than the largest letters on a hand-bill, and these most distinctly with left eye.

By stooping down suddenly, he finds his vision for about a minute quite lost, and patches of green and other colors before the eyes.

At periods ranging from three days to a month, he sees some three or four moonlight crescentic spectra seeming to chase each other around in a circle. They continue at times for three minutes, and at others for only a second or two.

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\* The case of an elder brother was first taken, but will appear in another plate.

Very seldom he has a slight pain in right eye. Iris gray.

Treatment in this case the same, with the exception of electricity, as in the last case of the elder brother.

*Examination with the Ophthalmoscope.*—Right eye.—The blood-vessels distinct, and the white space corresponding with the entrance of the optic nerve strongly contrasting with the pinkish hue of the rest of the retina. Numerous dark, black and brown patches, with sharp angles, most of them quite opaque, and others apparently so thin that the veins behind are seen faintly through them; and on lower side of entrance of optic nerve a broad, irregular black line.

Left eye.—The same appearances as in the right eye, except that the patches are not quite so numerous.

Dr. H. Sargent, of Worcester, and Dr. S. F. Haven examined this case with me.

August 24, 1855.—J. F. of Boston, æt. 14, at seven years of age began to lose his sight, and in six months became as at present. During these six months, when trying to apply his eyes to near objects, he has had a decided pain in the globes, and now a half hour's application brings on pain.

Occasionally, and without any provocation, sees half-moon shaped, milky white spectra, following each other in different directions.

He can read the word "record" on the title-page of Boston Directory for 1854.

Iris gray.

*Examination with the Ophthalmoscope.*—Right eye.—Color of retina normal, the blood-vessels very strongly marked, and easily distinguishable into two nearly parallel lines. The entrance of the optic nerve well defined, and on the lower part of it one very fine, hair-like line of not more than a sixteenth of an inch in length. A few very fine black dots, like the finest possible dust, are scattered rarely over the surface of this part of the field, but none beyond it.

Left eye.—As the right, except that no continued line is discoverable, and that on the upper part of the white space indicating the entrance of the nerve, the fine, black dust gives a clouded appearance.

Dr. E. P. Morong and Dr. S. F. Haven examined the case.

Oct. 18, 1855.—Miss C. A. D. æt. 40, of Boston, 19 years ago had cataract in right eye. An operation at that time was followed by violent inflammation of both eyes, with which for two years she was kept at home, and most of the time in a dark room. During this period, black spectra of the size of her hand passed frequently and rapidly before the left eye. The pain in both eyes was severe and equal.

For three years afterwards she convalesced, and at the end of the three years she saw perfectly with the left and not at all with the right. She now devoted herself to close application of the eye, in drawing and other ways.

Nine years ago the vision of the left eye began to fail, and in a few weeks, by treatment, chiefly leeches and medicines internally,

recovered. During the next year, at two or three periods, she was troubled for a day or two with the black spectrum.

Six years ago another general obscuration of vision came on, and occasional additions of the black spectrum continued without increase for four years. During this time she could pick out large letters, but could not read.

Two years ago, in the course of one week, during which was great pain in head, she became as, at present, just able to discern day from night.

A portion of the pupil of the right eye is occupied by opaque capsule. The left is slightly everted, but otherwise presents no marks of disease. A heavy sensation over the brows.

Iris gray.

*Examination with the Ophthalmoscope.*—Left eye.—The whole field of retina very white. No blood-vessels discernible. An irregular series of patches of black coloring in a circular arrangement larger than the usual white spot indicating the place of entrance of optic nerve, encircles the place usually occupied by this spot.

Oct. 23, 1855.—Mr. S. C. of Boston, æt. 15, when seven years of age, had an inversion of his right eye, together with great imperfection of the vision of this eye.

Three years ago, the internal rectus muscle was divided subconjunctivally with good success as regards the position of the globe, but, as he thinks, with no result as to the vision.

Now, with this eye looking at the title-page of Boston Directory, 1854, he can merely distinguish the shade around the margin from the engravings upon it.

Iris hazel.

*Examination with the Ophthalmoscope.*—The general color of the field of the retina normal, or a very little paler than natural. The vessels very large and well defined, but instead of being directed above and below, their general direction is lateral. Once or twice I thought that I detected a slight appearance like the finest possible particles of soot upon the nasal side of the retina, but am not confident of it, except in the neighborhood of the white spot.

Dr. J. S. Skinner also examined the eye.

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#### ASPHYXIA IN A NEW-BORN INFANT.

[Communicated for the Boston Medical and Surgical Journal.]

On reading Dr. Channing's interesting account of his "First Case of Midwifery," in your last Journal, July 3d, I was reminded of a case which occurred in my practice April 1st, 1856, and which is somewhat parallel to his.

Mrs. C——, of Lawrence, Mass., sent for me to attend her in her second confinement. Not being in my office when the messenger came, I did not see her until after she had been in active labor two hours, during which time the pains were almost continuous. I made

the usual examination at once, and found a loop of the funis protruding several inches from the labia. The head of the child was low in the pelvis; and while I was examining the cord to ascertain if it pulsated, another pain occurred, which brought the head through the vulva. A slight effort immediately completed the labor. From the time I entered her room to the delivery, was only a few moments. The child did not respire. I examined the cord and heart carefully, but could not feel or detect the slightest pulsation. The child was put at once in warm water, and after two or three minutes active inflation of the lungs, a feeble, very slow pulsation could be felt at the umbilicus. Continuing the inflation, the pulsations of the heart became quite perceptible to the eye. Artificial respiration was then suspended for a few minutes, but finding that the pulse ran down rapidly, I again resorted to, and maintained inflation, stopping only one or two minutes, occasionally, to ascertain if the child would make an effort to breathe. After *one hour and seven minutes*, the child made an extremely feeble effort to respire, producing only a slight gurgling in the fauces. It was fully ten minutes more before another attempt to breathe was made, yet it was stronger than the first. I then noticed the clock, which stood before me, and counted seven and a half minutes before the third respiration was taken. The fourth was a little over three minutes.

Stimulants, warm water, cold sprinkling, &c., were resorted to; but all that could be done only brought the child to breathe two or three times a minute for about an hour and a half, when it died. A slight blush came and went on its cheek several times during this age, for so it seemed to me.

The child was a fine, large, well-developed boy, and I know of no cause for this asphyxia, except the pressure upon the cord during labor. The loop of cord that preceded the head was congested and dark colored, showing that it must have been pressed upon for some time.

I did not notice how long the placenta was retained, but should say twenty or thirty minutes.

G. W. GARLAND, M.D.

*Lawrence, July 4th, 1856.*

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*A Large Salivary Calculus.*—Dr. P. D. Hughes, of Bryne, Tennessee, sends to us a remarkable calculus, measuring 1 4-10 inch in length, and 1 1-10 inch in its greatest circumference, and composed, undoubtedly, of phosphate of lime. He writes: "The negro man from whom it was obtained had been afflicted with disease of the throat for some ten years, and had been treated externally with cayenne and other stimulating gargles; and the other day, while searching with his fingers near the root of his tongue, caught hold of and extracted the specimen here sent you." It might have been derived from the tonsil or even the sublingual gland.—*Nashville Journal of Medicine and Surgery.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 28th.—*Excision of the Bones of the Tarsus.* Dr. H. J. BIGELOW reported the case.

The patient was a man 44 years of age, married, a schoolmaster by profession, and born in New York. His mother died of consumption, and his sister had lateral curvature of the spine. He, himself, had never had any phthisical symptoms. The disease was carried of two year's duration, and several fistulous openings existed around the part. All the bones of the tarsus except the *os calcis* and *astragalus*, together with the extremities of the second and third metatarsal bones, were removed by Dr. B. on the 8th of December last. The patient's health gradually improved for three months, when his mind suddenly failed; a tendency to diarrhœa also supervened, and he died tuberculous, April 21st, four months and thirteen days after the operation.

Dr. BIGELOW was of opinion that the number of favorable cases of excision had been much overrated. He had however operated in two instances, during the year, for partial excision of the instep, in both of which, the patients did well.

Dr. STRONG questioned whether organic disease might not be promoted by the removal of the diseased part in these cases.

Dr. BIGELOW, however, was inclined to the opinion, that if, in such cases, no organic disease exist at the time of the operation, little danger need be apprehended; but that if the system had already acquired the habit of producing inflammatory material, an outlet to such would seem necessary to health, and interference might prove unsafe.

APRIL 28th.—*Stricture of the Urethra. Suppression of Urine. Death.* The specimen was shown and the case reported by Dr. H. G. CLARK.

March 27th, 1856.—The patient, J. I. C., æt. 43: married; merchant; had stricture of eighteen years' standing. He is a man of middle size, with greyish hair, and with sufficient adipose tissue, and apparent health and strength. He contracted gonorrhœa about twenty years since, and in the course of the two years following, having frequently used very strong injections of acetate of lead, he became aware of the presence of a stricture of the urethra, and now passes his urine in a very small stream, which varies in size at different times, but is usually smallest in the morning. He passes water about once in every hour and a half, and about a gill at a time. Has soreness at the point of stricture (i. e., *in perinæo*), while passing urine. A month since, he had considerable darting pain in the same situation. During micturition, he often has a sense of weakness, or faintness at the stomach. Passed some blood from the urethra formerly, but not lately. For several years he passed bougies himself, and upon reaching the entrance of the stricture, water flowed freely. His general health is otherwise pretty good.

March 28th.—An examination was made by Dr. Clark, who found a stricture about two and a half inches from the meatus, which was readily passed by sound No. 4. Another stricture was also discovered about five inches from the meatus, which would not admit the passage of a sound of this size. It appeared hard and unyielding. A warm sponge bath, and six leeches to the perinæum, were ordered, together with the application of bel-



ladonna ointment, night and morning, and rest in bed; also the following:—*R.* Ext. uvæ ursi, ʒj., to be taken three times a day. Vegetable diet.

30th.—Both strictures seemed somewhat more yielding. Some bleeding followed the introduction of the sound. Conical bougies were passed to the distance of five inches.

April 10th to 13th.—After exposure to a raw air, the patient was seized with headache; a yellowish-white coat appeared upon the tongue, and a considerable degree of nausea came on, together with pain over the pelvis and in perinæo. There was no distension of the bladder. There were flushes and chills. A solution of salts was ordered, to be followed by the elixir of opium, *pro re nata*.

13th.—Fomentations of chamomile flowers were ordered to the abdomen, genitals and perinæum; and the spirits of mindererus to be given every three hours. Also Dover's powder at night. The penis, inferiorly, was somewhat œdematous and translucent. The urine was passed nearly as usual, but with more pain.

14th.—His countenance was anxious. Pulse 100 and feeble. Tongue brown. The following was ordered:—*R.* Spts. æth. sulph. comp., ʒj., to be taken every three hours till relieved. Also, *R.* Hydrarg. submur., grs. x.; pulv. camphor., grs. ij., to be taken every six hours till relief was obtained; and if vomited, to be repeated immediately; to be followed by two ounces of olive oil. Also the following enema: *R.* Pulv. assaætoid., grs. x.; aquæ tepidæ, O ss.; gum. acaciæ, q. s.

15th.—Pulse 115; full. Tongue of a dirty-brown color, and not dry. The patient somewhat better. Had passed, during the night, about four ounces of urine mixed with blood, pus and mucus. Had to be raised, in order to urinate. There was no prominence in the perinæum. The following was ordered: *R.* Pulv. camphor., grs. iv.; moschi., gr. i. M. To be given every two hours; to be followed by two ounces of rice water. The fomentations to be continued.

A consultation was held. No operation was considered advisable. An œdematous swelling of the posterior portion of the scrotum was scarified with a lancet, but no signs of urine were presented. From the rapid accession of symptoms, extravasation of urine was suspected.

An examination of the urine by Dr. Bacon, showed the following result. It was feebly alkaline, with a specific gravity of 1.101. There was a moderately large deposit of triple phosphate and phosphate of lime, with pus globules, mucous and epithelial cells, some albumen, but no more than the pus would cause.

In the evening a small spot was seen in the perinæum, of a greyish color.

16th.—The patient suffered from bilious vomiting. Pulse 100; soft and full. Passed, during the night, three ounces of urine.

17th.—The skin was becoming sallow; the mouth was open; and there was delirium and vomiting of bile again without effort. Hiccough less. Legs drawn up. Much tenderness over the abdomen; the urine and pulse the same; no enlargement of the bladder.

18th.—There was much more sallowness of the skin, and particularly of the conjunctivæ and skin of the extremities. The small spot on the perinæum had become sloughy. All food taken, regurgitated. Pulse more feeble and frequent. *R.* Pil. opii, gr. i. Repeat, if necessary, three times in the day. Also, *R.* Spts. vin. gall. ʒij., in water, every three hours.

10, P. M.—The house-pupil being suddenly called to the patient, found him with the mouth open, the eyes closed, and with stertorous breathing.



The pupils were insensible to light and contracted. The pulse rapid, feeble and irregular. The patient was insensible. Extremities warm.

19th.—The whole surface of the body was very sallow. A black spot of the size of a pea appeared on the upper surface of the glans penis. At 10½, A. M., he died.

Autopsy.—The bladder contained scarcely any urine. Its muscular walls were much thickened, showing marks of chronic inflammation.

Both kidneys were much enlarged, dark-colored and mottled, and here and there somewhat softened, and showing much passive congestion. No pus in either. The left ureter was irregularly dilated to double its normal size. Right ureter natural. Immediately to the left of the membranous portion of the urethra, was found an urinary abscess about 1½ of an inch in diameter, irregular in shape, and communicating with the urethra by an irregular opening, apparently an old fistulous perforation. There was a small quantity, perhaps two drachms, of thin, bad-looking pus, in the sloughing cavity, but no extravasated urine. The stricture extended for two inches, and was quite callous.

Dr. C. remarked that the symptoms in this case, and the fatal result, were apparently attributable to the sudden suppression of the urine, rather than to its retention, and subsequent extravasation and absorption. It is to be regretted that the circumstances did not permit a more thorough examination, which should have included all the other organs, especially the brain.

MAY 12th.—Vesical Calculus. Dr. CABOT showed the specimen and read the case.

The patient, a boy aged 10 years, entered the Hospital, April 4th. He had always lived on Fort Hill, in this city, and of late years had drunk nothing but Cochituate water. He was delicate in appearance, but had been pretty healthy; and never had any illness excepting an attack of measles a few weeks before the commencement of the present affection, which dated back three years. The earliest symptoms noticed were difficulty and frequency of micturition, with pain in the region of the bladder. The intensity of the symptoms varied from time to time, but the patient gradually became worse, and in May, 1855, he had complete retention of urine, requiring the use of the catheter. In a fortnight, the catheter again became necessary. After this, the symptom of incontinence was superadded to those previously existing. In July, the catheter was used for the third and last time. For nine months the patient's condition had been growing certainly, but not uniformly, worse. Incontinence of urine had been almost constant; and he had not been entirely free from pain. Generally the appearance of the urine had been healthy; but for nine months, occasionally somewhat bloody, or slimy and thick. His general health seemed to have suffered in a measure. The strength was a good deal impaired. The appetite was nearly natural. Thirst excessive.

The patient being etherized, an instrument was passed into the bladder, which was much contracted. At its base, the beak of the sound seemed to slide over a rough cartilaginous surface. The finger in the rectum felt a firm, smooth, rounded tumor occupying the whole fundus, excepting, perhaps, a small portion anteriorly. The mass filled the space between the ischia, and its exact limits could not be fully determined.

April 9th.—The patient was again etherized, and the sound introduced farther than at the previous examination. The presence of a calculus was ascertained, or it was possible that there might be two stones, one of which, the beak of the sound passed under and raised. The urine, examined by

Dr. Bacon, was found to be very pale, alkaline, with a density of 1.004, and containing a moderately large deposit of crystals of triple phosphate, with a few altered pus globules. A trace of albumen was found, referrible to the presence of a little pus.

12th.—The operation of lithotomy was performed. The bowels were opened spontaneously a short time before the operation. At 8, A. M., a narrow roller was tied around the penis to prevent the escape of urine. The patient being then etherized, was placed on a table in the operating room. A catheter was introduced, and readily brought in contact with the calculus. The bladder was injected with warm water, and a staff substituted for the catheter. The patient was then placed at the end of the table, the pelvis being well raised and the thighs flexed on the trunk. An incision an inch and a half in length, was made in the perinæum, commencing on the median line, midway between the scrotum and the anus, and running backwards and outwards to a point half way between the tuber ischii and the anus. The staff being held somewhat diagonally to the left side of the perinæum, the urethra was then opened. A straight, narrow-bladed knife was then taken, its probe-point placed in the groove of the staff, and the surgeon, seizing the latter instrument, with the former divided the prostate and opened the bladder, enlarging the opening of the prostate by two other incisions, the first outward and slightly downward, the other outward and slightly upward. The forceps were then introduced, and the calculi (apparently four in number) were with some difficulty seized and removed. The first portion was one inch long, ellipsoidal in shape, and at one extremity seemed to have been broken off from a larger stone. Numerous other fragments were removed, some of them half as large as a small walnut; others much smaller. A large quantity came out between the jaws of the forceps in the form of gravel, it being necessary to crush two of the calculi in order to extract them. The bladder was syringed out, and a flexible catheter introduced through the wound, and secured by a roller. The amount of hæmorrhage was quite small, no vessel requiring ligature. After the operation the patient was somewhat prostrated. Brandy was administered. In the evening, re-action was good, and the patient perfectly comfortable, being entirely free from pain and soreness. The urine flowed freely, and with it a little gravel. A small amount of coagulum was found in the bed, between the thighs, in the afternoon, and a second quantity, rather more than was noticed at first, at 11, P. M. He slept well without an opiate.

13th.—The patient had no pain or soreness. The urine passed freely. The pulse, tongue and skin were in a very satisfactory condition. No hæmorrhage had occurred since last night. Stale baker's bread and milk were allowed.

14th.—There had been no bad symptom whatever. The urine passed freely, and was perfectly clear. Warm water was thrown into the bladder through the catheter, and the instrument then withdrawn. There was no appearance of pus about the wound, between the edges of which, a piece of spread lint was placed. No opiates were indicated. The patient was allowed chicken-tea and stale bread.

15th.—Was doing well. Had had no dejection. Was ordered, Mag. citrat.,  $\mathfrak{z}$ vi. Wound granulating. A very small piece of stone escaped.

16th.—Had had three dejections. A small calcareous mass was removed from the wound. The appetite voracious.

17th.—Doing well. Was allowed mutton-chop and baked potato.

21st.—The appetite still ravenous, and the patient doing well in every respect. Urine passed partly through the urethra and partly through the wound, which is filling up rapidly.

The calculus, which is in fragments of various sizes, weighs 173 grains. It proved, on analysis, to be composed of triple phosphate, chiefly, with small proportions of urate of ammonia; phosphate, carbonate and urate of lime; and some animal matter. The whiter and semi-crystalline portions are nearly pure triple phosphate.

23d.—The patient was quite well; but little urine escaped from the wound.

25th.—The patient passed, voluntarily, through the urethra, four or five ounces of pale urine, containing a slight turbid deposit. On examination, it was reported "Very pale; feebly acid; with a density of 1.012; and containing a rather small deposit of pus globules. A little albumen was present, referrible to pus mixed with the urine."

MAY 12th.—*Suicide*.—Dr. W. E. TOWNSEND reported that he was called before light, on the morning of the first of May, to see a gentleman who had just shot himself. He was already dead when Dr. T. arrived; but a person who saw him a few minutes sooner, said he breathed once or twice after he came. In his hand was a five-barrelled revolver, three barrels of which were discharged.

At the *autopsy*, made some eight hours afterwards, three external wounds were discovered in the right temporal region. The first was a large wound,  $1\frac{1}{4}$  inch from the outer angle of the eye, about an inch square, extending through the temporal bone, with a flap of skin half an inch long, driven into the skull. The temporal muscle was lacerated and blackened, and at the point where it passed under the zygomatic arch, completely torn in two, and its edges turned inward. The zygoma was fractured at both ends, and the temporal bone was shattered into small fragments, which, with the muscle, rested on the dura mater. At the lower border of the wound, this membrane was ruptured, and the cerebral substance protruded. The frontal bone was cracked horizontally inward above the frontal sinus  $3\frac{1}{2}$  inches. Near the median line, curving slightly to the right, was a fracture extending from the nasal process of the frontal bone to the vertex. The temporal bone was separated from the parietal, the whole length of the squamous suture. A fissure extended from near the centre of the temporal bone, through the parietal to the vertex, and another through the parietal and occipital bones, to the right occipital ridge.

Three quarters of an inch further back, and entirely separated from the two first, were two other small wounds, irregularly circular, perforating the bone, and surrounded by a dark-colored circle, corresponding exactly with the muzzle of the pistol; in this circle were grains of powder blown into the skin. The temporal bone was fractured into six pieces, resting on one of the fragments of which, was found a leaden bullet, much flattened and scratched.

Another ball had passed through the base of the brain, cutting off a portion of the right optic nerve in its passage, and lodging in the skull, on the left side, in a position exactly corresponding to its place of entrance on the right.

The third ball was not found; but probably entered through the large lacerated wound, and imbedded itself somewhere in the bones of the face.

The case is interesting from the number of severe wounds, undoubtedly self-inflicted, and from the fact, that had the body been found under

suspicious circumstances, doubts might have arisen whether it was possible for a man to fire three times into his head, each ball inflicting a mortal wound.

Dr. COALE had attended the post-mortem of the case just related, and considered it a very remarkable one in a medico-legal point of view. He must say, that had he been called on to testify in such a case found under suspicious circumstances, he should unhesitatingly have given his opinion that the wounds could not have been self-inflicted, and this was also the opinion of Dr. Ainsworth, who made the post-mortem. A peculiarity about the large wound was, that instead of being round or ragged, it was a regular parallelogram with straight edges and right angles—clean cut as if made with the butt of an axe, and the fracture of the skull here corresponded to this. It amounted to an *ecrasement*, the bone being driven in, in little bits, and the upper edge of the zygoma being chipped off. The other fractures of the skull also—one extending horizontally across the median line just over the eyebrows, another on the median line to above the vertex—gave evidence of a tremendous explosion within the cavity of the skull. Dr. C. felt it still an impossibility to explain the affair satisfactorily.

Dr. Townsend described the pistol as a self-cocking one—that is, one in which it is only necessary to pull the trigger—the cocking and the revolution of the barrels being caused by the motion of the trigger.

The following case was reported March 24.

*Herniæ of the Mucous Membrane of the Small Intestine.*—The specimen was shown by Dr. JACKSON, and was received from Dr. JAMES R. WELLMAN, of Fitchburg, with the following history of the case.

"A. W., aged 72, a farmer of very steady and industrious habits.

When a young man he had frequent severe attacks of colic. Otherwise his health has been very good, though not very robust. The attacks of colic had not been so frequent since his youth, till within four or five years.

On the morning of the 15th of March he was about his regular business, but remarked that he did not feel quite as well as usual. He ate, however, a hearty dinner, but in two or three hours vomiting commenced and soon assumed the "coffee grounds appearance." He sunk quite rapidly, and died about midnight, having been sick only about twelve hours. No discharge of blood per anum.

At the autopsy we found some ten ounces of reddish colored serum in the peritoneal cavity. The intestines were much distended with gas. The upper portion also contained a large quantity of the same substance that was vomited. The mucous membrane of the small intestines was very highly injected, but we could find no abrasion.

There were some nine or ten herniæ of the mucous membrane, as large or larger than the intestine itself. Nearly all of these were in the upper third of the jejunum, one or two, however, being nearer the ilium. There were also several quite small ones. Some of these were quite near together (two or three inches), others some feet apart. Some were on the attached, and others on the free portion of the intestine. Other organs apparently healthy."

Dr. J. referred to a similar specimen in the Society's Cabinet; there were two sacs about the size of English walnuts, and situated in the duodenum. In that case, also, the patient died from hæmorrhage from the bowels, the source of which was found in an encephaloid disease at the cardiac orifice of the stomach.

Cases of this sort are referred to by Dr. Gross (Path. Anat. 2d ed. p. 600),

and he speaks of the orifice of the pouches as rarely large enough to admit faecal matter; in both the cases above referred to, however, the end of the finger would readily be admitted. Two of the pouches from Dr. W.'s case have been preserved in the College Cabinet; one inflated and dried, and the other preserved in spirit expressly to show the large communication with the cavity of the intestine. Dr. G. says, "I am not certain whether this disease is confined exclusively to the small intestine, or whether it may not also occur in the colon and the rectum." And further, "their development seems to depend upon some mechanical obstacle to the passage of the faecal matter, &c." In reference to these statements, Dr. J. said that he had never, except in the above two cases, seen recent specimens of such pouches in the small intestine; whereas in the large intestine he had met with them very frequently. They were generally very numerous, on an average rather larger than a pea, sometimes contained small masses of indurated faeces, as hernial sacs of the bladder may contain calculi, and were never found except in very fat subjects; the intestine being loaded with fat, the pouches might be readily overlooked. In one case, referred to in the Catalogue of the Society's Cabinet, the patient died from peritonitis, induced by a rupture of one of these sacs. As to the cause of these pouches, it is very natural to look for some mechanical obstacle; but however common this may be in the case of a sacculated bladder, Dr. J. has never found anything of the kind in the case of the intestine.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JULY 17, 1856.

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### BOSTON DISPENSARY.

THIS Institution, established for the benefit of the sick poor of this city as early as 1796, will commence its operations on its new system of organization on Tuesday, July 22d, 1856, in the building situated at the corner of Bennet and Ash streets.

The new system consists in the establishment of a Central Office, where patients, who are able to leave their homes, may receive medical and surgical advice. A corps of physicians and surgeons has been appointed, and one of each will attend daily between 9 and 11 A.M., at the Central Office, for the purpose of giving gratuitous medical and surgical advice, and the medicines will be dispensed at once by an apothecary on the premises.

Patients unable to visit the Central Office will be attended at their homes, as heretofore, by the District Physicians, and for this purpose the city has been divided into eight Districts.

First District includes all of Ward One.

Second District includes all of East Boston.

Third District includes Wards Three and Four.

Fourth District includes Wards Five and Six.

Fifth District includes all that portion of Wards Seven and Eight lying north of a line drawn through the centre of Boylston street, Essex street, and South street Place and continued to the water.

Sixth District includes that portion of Ward Eight lying south of the line last described, all of Ward Nine, and that portion of Ward Ten lying

north of a line drawn through the centre of East Orange street, and continued to the water.

Seventh District includes that portion of Ward Ten lying south of a line drawn through the centre of East Orange street, and continued to the water, and all of Ward Eleven.

Eighth District includes all of South Boston.

For the greater convenience of patients requiring treatment at home, the following District Apothecaries have been appointed. Persons residing in Wards One, Three and Four will apply at E. B. Restieaux's, Hanover St., corner of Cross St.; in Wards Five and Six, at Emery Souther's, Green St. corner of Lyman Place; in Wards Seven, Eight, Nine and Ten, at the Central Office, and in Ward Eleven, at A. N. Lincoln's, 939 Washington St. Applications for the attendance of District Physicians must be made to the District Apothecaries.

It is to be hoped that the adoption of this system, which has been in successful operation for many years in other cities, will tend to enlarge the sphere of usefulness of this ancient Institution, make it much more efficient in its operations and place it in the front rank of the many excellent charitable institutions which adorn our city.

Whenever the funds will allow of the expenditure, a very great addition to the usefulness of the Institution could be made by furnishing a few beds for the relief of those surgical patients whose homes do not admit of the hope of a successful termination of an operation on account of the confinement and wretchedness with which they are surrounded. By this means a vast amount of suffering would be relieved, and many persons restored to usefulness who are now obliged to linger out a painful existence. The realization of these hopes rests upon the good will and beneficence with which the rich men of Boston have ever regarded the success of its charitable efforts.

The following are the physicians and surgeons of the Dispensary for the present year. *Consulting Physicians*, Jacob Bigelow, P. M. Crane; *Consulting Surgeons*, George Hayward, Solomon D. Townsend; *Physicians*, Silas Durkee, W. W. Morland, E. W. Blake, Charles D. Homans; *Surgeons*, G. H. Lyman, H. W. Williams, D. D. Slade, R. M. Hodges; *Superintendent*, John B. Alley.

#### DEATH OF ORLANDO E. TURNER, M.D.

DIED, at Auteuil, near Paris, France, June 16th, 1856, Orlando E. Turner, M.D., of Philadelphia, aged 34 years. For more than a year he had pursued with great constancy the advantages offered at l'Ecole Pratique, l'Ecole de Médecine and the Hospitals of Paris, and prepared at least one article each week for the journals of America.

His talents and zeal were highly respected by all who knew him; his private character and social virtues endeared him to all his acquaintance. His familiarity with the French, German and other languages brought him into frequent relation with foreign physicians, and every American could be assured his country would find in Dr. Turner a worthy representative.

For the last six months his physical forces had been gradually failing, and his friends advised that he should remit his labors and seek the benefits of a tour or country residence. He continued his studies, however, while his indigestion, cough and general prostration regularly progressed, till the middle of April, when he was forced to relinquish his scientific pursuits and confine himself to his room. In the middle of May he removed to Auteuil,

about three miles from Paris; but he received no benefit from all the resources which science, friendship or a change of place could offer.

On the 18th of June, a numerous concourse of American and other friends followed his remains to the cemetery at Auteuil, the last depository of earthly hopes.

DAVID P. HOLTON.

Paris, June 18th, 1856.

*Examining Board.*—A Board of Medical Officers for the examination of candidates for appointment in the Medical Staff of the Army will convene at Newport Barracks (Ky.) on the first of August next.

To obtain permission to appear before this Board it is necessary to apply to the Secretary of War. Applications must be accompanied by testimonials vouching for the good moral character of the applicant, and his physical ability to perform the arduous and active duties of an officer of the Medical Staff. His age, which must not be less than 21 nor more than 28 years, should also be stated, and his present residence and place of birth.

Those who, upon examination, shall receive a favorable report from the Board, will be appointed Assistant Surgeons in the Army, as vacancies may occur.

By order,

R. C. Wood, Surg. U. S. A.

*Surgeon-General's Office, July 7th, 1856.*

*Medical Miscellany.*—Dr. H. A. Ramsay, of Georgia, whose statistics on midwifery were the cause of no little trouble and ill feeling at the meeting of the Amer. Med. Association in 1851, and who afterwards started a medical journal, called "The Blister and Critic," has lately been arrested, by orders from Washington, on the charge of fabricating testimony in support of false pension claims. He procured \$5,000 bail, which was forfeited by his absconding immediately. —The City Hospital, at St. Louis, was destroyed by fire on the 15th of May last. All the patients were saved, except one poor lunatic —Dr. Finnell, of New York, has lately removed a diseased toe-nail, without causing pain, after the production of anæsthesia by carbonic acid gas. —The State Medical Society of Virginia, at its late annual meeting, were compelled to adjourn for want of a quorum. —During the quarter ending July 1st, there have been vaccinated by the City Physician of Boston, 1045 persons. Eleven vessels have arrived at Quarantine with 3,920 passengers during the same time, all of whom were in good health.

TO CORRESPONDENTS — "A Sufferer" is advised to place himself under the care of a regular physician. The present editors have no acquaintance with the work alluded to, but no book will enable a patient to dispense with medical aid in such a case.

ERRATUM.—In Dr. White's paper on the Analysis of Urinary Calculi in our last number, there are several errors in the first table. We shall re-print the table corrected, in our next.

DIED.—At Cincinnati, on the 10th inst., Prof. John Locke, in the 65th year of his age. Prof. Locke was born in Fryburg, N. H., and graduated at Yale College. He was Professor of Chemistry and Pharmacy in the Ohio Medical College from 1836 to 1853. In 1850, he invented the celebrated Magnetic clock, still in use in the Observatory at Washington.

*Deaths in Boston* for the week ending Saturday noon, July 12th, 60. Males, 34—females, 26. Accident, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 1—cancer (in the face), 1—consumption, 12—convulsions, 3—cholera infantum, 2—croup, 1—dysentery, 2—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 2—infantile diseases, 2—gangrene, 1—erysipelas, 1—nervous fever, 1—scarlet fever, 4—bilious fever, 1—homicide, 1—disease of the heart, 1—hemorrhage (rupture of a blood-vessel), 1—disease of the liver, 1—measles, 1—old age, 2—palsy, 1—purpura, 1—disease of the spine, 2—scrofula, 1—teething, 2—thrush, 1—unknown, 2.

Under 5 years, 22—between 5 and 20 years, 6—between 20 and 40 years, 12—between 40 and 60 years, 13—above 60 years, 7. Born in the United States, 41—Ireland, 17—British Provinces, 1—unknown, 1.



*Dr. Robert Lee's opinion of Ovariectomy.*—After having been consulted several times about a tumor, supposed to be an enlarged ovary in a young lady, her parents having for the first time heard of ovariectomy, returned to the Doctor. He says: "Apparently their purpose in calling upon me, was not so much to obtain my sanction to the proceeding as indirectly to reproach me for not having long before recommended or performed an operation which they believed to be so efficacious and devoid of danger. Instead of offering my observations on the propriety of the operation, I took down Vol. xxvii. of the *Medico-Chirurgical Transactions*, and turning to Mr. B. Philips's Table of 'Operations for the extraction of Ovarian Tumors,' begged them to run their eyes along the column of results. In this they saw the word 'death' repeated twenty-eight times, thrice three times running, and once four times without any intervening case of 'cure' or 'recovery.' Nothing further was said respecting the operation on that day."—*Nashville Journal of Medicine and Surgery.*

*Removal of the entire Clavicle.*—The *Western Lancet*, for June, reports a case in which the entire clavicle was removed by Dr. G. C. Blackman, for caries of the bone of more than a year's standing. The patient was able to attend to his business in ten days.

*Female Physicians in London.*—We are informed that a strong-minded woman has applied to the Senate of the University of London, asking whether a woman can become a candidate for a diploma in Medicine, if, on presenting herself for examination, she shall produce all the requisite certificates of character, capacity and study, from one of the institutions recognized? We are not informed what answer the Senate returned to this embarrassing application.—*Lancet.*

*Case of Monstrosity.*—By H. C. MARTENS, M. D., of St. Louis.—I have lately met with an instance of the most remarkable deviation in the development of the human form, probably the most singular one on record.

The subject is a white male child, having a well-developed head and trunk, but with a total absence of the upper and lower extremities. The head is of good shape and size, perhaps a little too large. The eyes are bright and intelligent. The body is also well formed. The clavicles and scapulae are in place, but there is not a rudiment of either arm visible. The skin is carried smoothly over each shoulder, except a small central dimple. The pelvis also is natural; here, likewise, there is no trace of a lower limb. The cuticle covers the acetabulae smoothly, save a little nipple-like projection in the centre.

The child was born in New Mexico, of American parents; is now sixteen months old; sprightly, active, and intelligent; has generally had good health. The mother is an educated and refined woman, as much attached to and interested in her offspring as if it were perfect in form.—*American Journal of Med. Sciences.*

*The American Dental Association.*—The "American Dental Convention" will meet in New York on the sixth (6th) of August. This is now by far the most important Dental Association in existence. Gotten up on an enlarged and liberal basis, it is calculated to embrace the whole profession. The proceedings and discussions must be witnessed and heard to be fully appreciated. The fullest report the journals can give, is at best but a meagre outline of the progressive truths eliminated by the discussions.—*The Dental Register of the West.*

*Health of New York.*—We are gratified to record our conviction that this city was never in better sanitary condition than at present, at this season of the year. This may be inferred from the low figure at which our City Inspector reports the weekly mortality. That officer appears to be a practical man, and possesses a business tact, which he has exemplified by the systematic improvements he has projected, and is making in the details of his department. Let the city be thoroughly cleansed and kept clean, and we have nothing to fear.—*The American New York Medical Gazette.*

*Intermarriage.*—In the little town of Wick, England, there are forty-two insane persons. Their imbecility is said to be caused by want of nourishing diet and by frequent intermarriage among relations.